

## DISBURSEMENT / CHECK REQUEST FORM

RUSH CHECK PRINT IN: \_\_\_\_\_ OFFICE  
(Use Drop Down Box)

☒ CHECK☐ WIRE☐ PETTY CASH

CURRENCY TYPE: US \$

(Mark all appropriate boxes throughout this form with an "X")

(Use Drop Down Box)

Payable To: American Express

Vendor # \_\_\_\_\_

Amount: 180.00Date: July 8, 2009

(m/d/y)

Description of Charges: Information Disclosure Statement10/591,830364433-000008

## CHARGE TO:

## Client Charges:

|                           |                                  |                  |                       |
|---------------------------|----------------------------------|------------------|-----------------------|
| C/M Name: <u>Omnalink</u> | C/M Number: <u>364433-000008</u> | Cost Code: _____ | Amount: <u>180.00</u> |
| C/M Name: _____           | C/M Number: _____                | Cost Code: _____ | Amount: _____         |
| C/M Name: _____           | C/M Number: _____                | Cost Code: _____ | Amount: _____         |
| C/M Name: _____           | C/M Number: _____                | Cost Code: _____ | Amount: _____         |
| C/M Name: _____           | C/M Number: _____                | Cost Code: _____ | Amount: _____         |

## Firm Charges:

|                      |                      |               |
|----------------------|----------------------|---------------|
| Expense Desc.: _____ | G/L Acct. No.: _____ | Amount: _____ |
| Expense Desc.: _____ | G/L Acct. No.: _____ | Amount: _____ |
| Expense Desc.: _____ | G/L Acct. No.: _____ | Amount: _____ |
| Expense Desc.: _____ | G/L Acct. No.: _____ | Amount: _____ |

TOTAL CHARGES: 180.00

## Instructions:

☐ Call ext. \_\_\_\_\_ to pick up check
 ☐ Mail check to payee
 ☒ Return check to Margot Filipowicz

## ACCOUNTING USE ONLY

Date: \_\_\_\_\_

Interofficed ☐Mailed ☐Picked-up ☐

Voucher Number \_\_\_\_\_

Signature of petty cash recipient:

A P P R O V A L S

Approved By: \_\_\_\_\_  
(PLEASE SIGN)Print Name: Dale S. Lazar 12761Approved By: \_\_\_\_\_  
(PLEASE SIGN)

Print Name: \_\_\_\_\_

Approved By: \_\_\_\_\_  
(PLEASE SIGN)

Print Name: \_\_\_\_\_

Requested By: Dale S. Lazar 12761Requesting Attorney Employee ID No.: 12761  
(REQUIRED)Practice Group or Cost Center Code: 760  
(REQUIRED)